

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the remarks below, and to last of diseases on back of this certificate.

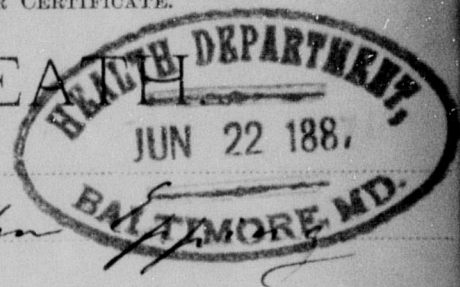
Health Department, City of Baltimore.

Permit No. A 531 Office of Registrar of Vital Statistics. Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death, June 20th 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lambert John

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 44 Years, Months, Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, Merchant

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 15 years

Place of Death, { Give Street and Number. } 508 S. Broadway

Cause of Death, { First (Primary), Second (Immediate), } Emphysema pulmonum, Edema pulmonum, Apoplexy

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemo.

Date of Burial, June 22nd 1887

{ Undertaker, H. Sander & son Medical Attendant, Frederick M. D.

{ Place of Business, 1710 Canton Ave. Address, 1523 S. Baltimore Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

9

Ward 10

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

the death of said deceased, or sooner,
 CERTIFICATE
 HEALTH DEPARTMENT
 BATH. 22 188.
 BALTIMORE, MD.

June 21

Fredric Otto Manku

Age, 49 Years, 1 Months, 1 Days.

vr hite

A close-up photograph of a single lowercase letter 'v' written in black ink on a piece of white paper with horizontal blue lines. The letter is formed by two strokes: a vertical line down on the left and a diagonal line from the top left to the bottom right. The letter is positioned in the middle of the page.

Taylor

Germany

52 years

12 Callender Alley

Phthisis pulmonis

Second (Immediate), (+ strenuous)

6 months

Place of Burial, Western Cemetery

Date of Burial, June 22

Undertaker, Jos. Gardens & Son

Geo R Graham M. D.
Medical Attendant.

Medical Attendant.

(Place of Business, 210 N. Schneider Address, 725 Columbia ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

~~42.50~~
~~72.50~~
35.00

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

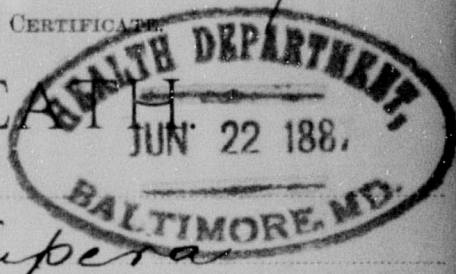
Health Department, City of Baltimore.

Permit No. A 533 Office of Registrar of Vital Statistics. Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death, June 21st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Kupera

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 47 Years, _____ Months, _____ Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Poland (born in America)

Duration of Residence in the City of Baltimore, 6 yrs.

Place of Death, { Give Street and Number. } D^o J. P. Hospital

Cause of Death, { First (Primary), Second (Immediate), } Congestion of lungs

Duration of Last Sickness, In Hospital 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cmi

Date of Burial, June 23, 87.

{ Undertaker, Felix Broskowsky } Acscar J. Loskiry M. D. Medical Attendant.

{ Place of Business, 1732 Alameda } Address, 624 N. Calumet

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

HEALTH DEPARTMENT, BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 534 Office of Registrar of Vital Statistics. Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH



Date of Death, June 21 1887
Full Name of Deceased, Mary Kerney (Write legibly and spell correctly. If an Infant not named, give names of parents.)
Sex, Male (Cross out the word not required in this line.)
Age, 3 Years, 4 Months, 3/4 Days.
Color, White

Married, Single, Widow or Widower, Single (Cross out the words not required in this line.)
Occupation, ✓

Birth Place, Balto City (State or country, and how long in the United States, if of foreign birth.)
Duration of Residence in the City of Baltimore, lifetime

Place of Death, 16 Old No 10 Green St (Give Street and Number.)
Cause of Death, Superficial Scurvy (First (Primary),)
Premature birth (Second (Immediate),)

Duration of Last Sickness, not sick
All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery
Date of Burial, June 22 1887
{ Undertaker, Geo. E. Brown } L. E. Clagett M. D. Medical Attendant.
{ Place of Business, Health Office } Address, 108 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department, City of Baltimore.

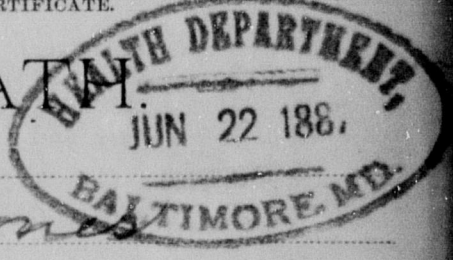
Permit No. 535

Office of Registrar of Vital Statistics.

Ward 15¹¹/₉

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death, June 21st 1887

Full Name of Deceased, Harriet Jones
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Cross out the word not required in this line.

Age, 75 Years, _____ Months, _____ Days.

Color, Colored

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation, Had none when she died

Birth Place, Va.
(State or country, and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, 50 years

Place of Death, Aged Man & Women's Home
(Give Street and Number.)

Cause of Death, Apoplexy
First (Primary), _____
Second (Immediate), _____

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Wheat St Cemetery

Date of Burial, Jun 22nd 1887

Undertaker, Saml W Chase

Place of Business, 41 S. Howard Address, 1019 D. Hill ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Recension of Physicians is respectfully invited to the Registrar below, and to make of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 536 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, June 21st, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert Morris

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 69 Years, 1 Months, 12 Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Watchman

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Belfast, Ireland.

Duration of Residence in the City of Baltimore, 55 years

Place of Death, { Give Street and Number. } 138 S. Euter St

Cause of Death, { First (Primary), Second (Immediate), } Typho malarial Fever

Duration of Last Sickness, 49 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, June 23/87

Undertaker, J. B. Cook John H. Rehberger M. D. Medical Attendant.

Place of Business, 1003 W. Baltimore Address, 1709 Alice Anna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, gm 1132. Printed 10/27/2022.

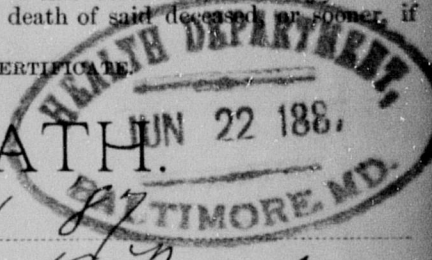
The Special Attention of Physicians is respectfully invited to the Remarks below, and to make of Diseases on back of this Certificate.

Health Department, City of Baltimore

Permit No. A 537 Office of Registrar of Vital Statistics. Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 21 87

Full Name of Deceased, Mrs Laura V. Brushneller {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Female or Male, {Cross out the word not required in this line.}

Age, 43 Years, — Months, — Days.

Color, White

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, Baltimore City {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 43 years

Place of Death, University Hospital {Give Street and Number.}

Cause of Death, {First (Primary), Epithelioma of uterus (Hemorrhage) Second (Immediate), Exhaustion}

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Western Beach

Date of Burial, June 23/87

{ Undertaker, J. B. Cook C. W. Mitchell M. D. Medical Attendant.

{ Place of Business, 1003 W. Baltimore St Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 538 Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or as soon as requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death, June 22 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eliza Scanlon

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

Age, 75 Years, 2 Months, 15 Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give Street and Number. } 906 Lemon Street

Cause of Death, { First (Primary) Second (Immediate), } Pneumonia

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, June 22/87

Undertaker, J. B. Cook W. W. Wainwright M. D. Medical Attendant.

Place of Business, 1003 W. Baltimore St. 220 N. Lemon St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 539 Office of Registrar of Vital Statistics.

Ward 18²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

JUN 22 1887

Date of Death, June 22 1887

Full Name of Deceased, Carl L. Jones
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 8 Years, 22 Months, 22 Days

Color, White

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, None

Birth Place, Balt Co Md
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 7 Months

Place of Death, 1419 McHenry St
{ Give Street and Number. }

Cause of Death, Cholera Infantum
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, June 23/87 Robt K. Thomas M. D.

{ Undertaker, J. B. Cook

Medical Attendant.

{ Place of Business, 1002 W. Baltimore Address, 1205 W. Taylor

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A. 5740 Office of Registrar of Vital Statistics.

Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

JUN 22 1887

Date of Death, June 21st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert Clinton T. Ponder

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, _____ Years, 10 Months, _____ Days

Color, Cold

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Alexandria Va

Duration of Residence in the City of Baltimore, 8 months

Place of Death, { Give Street and Number. } 624 Bruce St.

Cause of Death, { First (Primary), Second (Immediate), } Gastro Enteritis

Duration of Last Sickness, 3 days -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 23rd 1887

{ Undertaker, Geo B. Cook

John Henry Hill M. D.
Medical Attendant.

{ Place of Business, 1003 W. Baltimore Address, 807 Lexington Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]